

EXHIBIT O

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NCD000615872	2. Page 1 of 1	3. Emergency Response Phone (704) 332-3600	4. Manifest Tracking Number 000498080WA5	
5. Generator's Name and Mailing Address Powder Coating Services 1450 Shannon-Bradley Road Owensboro, NC 28052 (704) 449-4100		Generator's Site Address (if different than mailing address)				
Generator's Phone:						
6. Transporter 1 Company Name Rat-Mat Environmental Services, LLC		U.S. EPA ID Number NC-B000001185				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address Power Corporation 3114 Cullman Avenue		U.S. EPA ID Number				
Facility's Phone:						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
X	UN 1263, Waste Paint Related Material, 3, PGU (H202, H228)	006	DM 3600	P		
14. Special Handling Instructions and Additional Information						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name		Signature		Month	Day	Year
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit:				
Transporter signature (for exports only):		Date leaving U.S.:				
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name		Signature		Month	Day	Year
Transporter 2 Printed/Typed Name		Signature		Month	Day	Year
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
18b. Alternate Facility (or Generator):		Manifest Reference Number:		U.S. EPA ID Number		
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)		Signature		Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1	2	3	4			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name		Signature		Month	Day	Year



HAZ-MAT

ENVIRONMENTAL SERVICES
P.O. BOX 37392 • CHARLOTTE, N.C. 28237
(704) 332-5600
FAX (704) 375-7183

Manifest No. 82010
P.O. No. _____
Job No. 13-6111
50011

NON-HAZARDOUS SPECIAL WASTE

Section I. GENERATOR (Generator completes all of Section I)

GENERATOR LOCATION

NAME Power Cooling Services
ORIGINATING ADDRESS Shannon Bradley Rd
MAILING ADDRESS _____
CITY Charlotte STATE NC ZIP 28237
PHONE NO. _____
CONTACT NAME _____
DES. OF WASTE: Non hazardous only solids (drums)

WORK CONTRACTED BY

Bill To (If different from information at left)

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
CONTACT NAME _____

No.	Type	Units	Quantity
<u>1</u>	<u>55</u>	<u>1</u>	<u>20</u>

Section II. INVOICE INFORMATION

GALLONS DRUMS

DESCRIPTION	QUANTITY	LINE TOTAL
1. PETROLEUM CONTACT WATER PUMPED FROM TANKS, DRUMS OR AFVR		
2. OFF-SPEC LIGHT OIL, DIESEL OR GAS PUMPED FROM TANKS OR DRUMS		
3. SOLUBLE OILS OR COOLANTS PUMPED FROM STORAGE		
4. SEDIMENT OR SOLIDS VACUUMED FROM CONTAINMENT AREA		
5. 55-GALLON DRUM REMOVED - SOLID OR EMPTY		
6. 55-GALLON DRUM REMOVED - LIQUID		
7.		
8.		
10. ARRIVAL TIME: _____ DEPARTURE TIME: _____		

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations, AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____

Signature _____

Shipment Date 10/3/13

Section III. TRANSPORTER

TRANSPORTER (Generator completes only; Transporter completes e.g. Transporter II completes f-j)

HAZ-MAT

ENVIRONMENTAL SERVICES
P.O. BOX 37392 • CHARLOTTE, N.C. 28237

TRANSPORTER II

a. Driver Name/Title Chris Whitaker
b. Phone No. 704-332-5600 c. Truck No. ATX
Hazardous Waste Transporter Permits
EPA NCR 000003186
EPA NCD048461370
d. Driver Signature _____

e. Name _____
f. Address _____
g. Driver Name/Title _____
h. Phone No. _____ i. Truck No. _____
j. Transporter II Permit Nos. _____

Shipment Date 10/01/13

Driver Signature _____

Shipment Date _____

Section IV. FACILITY INFORMATION AND CERTIFICATE OF DISPOSAL

Site Name: Haz-Mat Environmental Services
Physical Address: 210 Dalton Avenue
Charlotte, N.C. 28206

a. Phone No. 704-332-5600
b. Mailing Address: P.O. Box 37392
Charlotte, N.C. 28237

Discrepancy Indication Space

This is to certify that all non-hazardous material removed from above location has been received and will be disposed of in accordance with applicable local, state and federal regulations in the following manner: (1) Petroleum products are blended into a beneficial reusable fuel for use in large industrial burners. (2) Waste waters are to be treated with polymers, pH adjusters, and a flocculant, then flows through a dissolved air flotation system for pretreatment separation, then into the CMUD sanitation sewer system under permit IUP#5012. (3) Sludges from treatment systems are hauled to E.P.A. approved facilities for proper disposal. Manifest and certificate of disposal are on file. (4) Our treatment system operates on a first in, first out basis and product should be processed within seven days.

SIGNATURE OF FACILITY AGENT _____

DATE

MONTH

DAY

YEAR

ORIGINAL - FINAL T.S.D. • YELLOW - DISPOSER • PINK - 1ST T.S.D. • GOLD - GENERATOR